



General Assembly

February Session, 2012

Raised Bill No. 5515

LCO No. 2306

02306_____PH_

Referred to Committee on Public Health

Introduced by:
(PH)

AN ACT CONCERNING PHYSICIAN ASSISTANTS.

Be it enacted by the Senate and House of Representatives in General Assembly convened:

1 Section 1. Subdivision (7) of section 20-12a of the general statutes is
2 repealed and the following is substituted in lieu thereof (*Effective*
3 *October 1, 2012*):

4 (7) (A) "Supervision" in hospital settings means the exercise by the
5 supervising physician of oversight, control and direction of the
6 services of a physician assistant. Supervision includes but is not
7 limited to: (i) Continuous availability of direct communication either in
8 person or by radio, telephone or telecommunications between the
9 physician assistant and the supervising physician; (ii) active and
10 continuing overview of the physician assistant's activities to ensure
11 that the supervising physician's directions are being implemented and
12 to support the physician assistant in the performance of his or her
13 services; (iii) personal review by the supervising physician of the
14 physician assistant's practice [at least weekly or more frequently as
15 necessary to ensure quality patient care] in accordance with written
16 protocols established by the supervising physician, as described in

17 subsection (a) of section 20-12d, as amended by this act; (iv) review of
18 the charts and records of the physician assistant on a regular basis as
19 necessary to ensure quality patient care; (v) delineation of a
20 predetermined plan for emergency situations; and (vi) designation of
21 an alternate licensed physician in the absence of the supervising
22 physician.

23 (B) "Supervision" in settings other than hospital settings means the
24 exercise by the supervising physician of oversight, control and
25 direction of the services of a physician assistant. Supervision includes,
26 but is not limited to: (i) Continuous availability of direct
27 communication either in person or by radio, telephone or
28 telecommunications between the physician assistant and the
29 supervising physician; (ii) active and continuing overview of the
30 physician assistant's activities to ensure that the supervising
31 physician's directions are being implemented and to support the
32 physician assistant in the performance of his or her services; (iii)
33 personal review by the supervising physician of the physician
34 assistant's services [through a face-to-face meeting with the physician
35 assistant, at least weekly or more frequently as necessary] at a facility
36 or practice location where the physician assistant or supervising
37 physician performs services, in accordance with written protocols
38 established by the supervising physician, as described in subsection (a)
39 of section 20-12d, as amended by this act, to ensure quality patient
40 care; [, at a facility or practice location where the physician assistant or
41 supervising physician performs services;] (iv) review of the charts and
42 records of the physician assistant on a regular basis as necessary to
43 ensure quality patient care and written documentation by the
44 supervising physician of such review at the facility or practice location
45 where the physician assistant or supervising physician performs
46 services; (v) delineation of a predetermined plan for emergency
47 situations; and (vi) designation of an alternate licensed physician in the
48 absence of the supervising physician.

49 Sec. 2. Subsection (a) of section 20-12d of the general statutes is

50 repealed and the following is substituted in lieu thereof (*Effective*
51 *October 1, 2012*):

52 (a) A physician assistant who has complied with the provisions of
53 sections 20-12b and 20-12c may perform medical functions delegated
54 by a supervising physician when: (1) The supervising physician is
55 satisfied as to the ability and demonstrated competency of the
56 physician assistant; (2) such delegation is consistent with the health
57 and welfare of the patient and in keeping with sound medical practice;
58 and (3) such functions are performed under the oversight, control and
59 direction of the supervising physician. The functions that may be
60 performed under such delegation are those that are within the scope of
61 the supervising physician's license, within the scope of such
62 physician's competence as evidenced by such physician's postgraduate
63 education, training and experience and within the normal scope of
64 such physician's actual practice. Delegated functions shall be
65 implemented in accordance with written protocols established by the
66 supervising physician. A supervising physician's written protocols
67 shall include, but shall not be limited to: (A) A description of the
68 professional relationship between the supervising physician and the
69 physician assistant; (B) identification of the medical services that the
70 physician assistant may perform; (C) a description of the manner in
71 which the physician assistant's prescription of controlled substances
72 shall be documented in the patient's medical record; and (D) a
73 description of the process for the supervising physician to evaluate the
74 physician assistant's performance, including, but not limited to (i) the
75 frequency with which the supervising physician intends to personally
76 review the physician assistant's practice and performance of delegated
77 medical services, and (ii) the frequency with which the supervising
78 physician intends to review the physician assistant's prescription and
79 administration of controlled substances in schedule II or III. The
80 supervising physician shall review his or her written protocols not less
81 than annually and shall revise such written protocols as the
82 supervising physician deems necessary to reflect any change in the
83 professional relationship between the supervising physician and the

84 physician assistant, the medical services that the physician assistant is
 85 authorized to perform or the process for the supervising physician to
 86 evaluate the physician assistant's performance. All orders written by a
 87 physician [assistants] assistant shall be followed by the signature of the
 88 physician assistant and the printed name of the supervising physician.
 89 A physician assistant may, as delegated by the supervising physician
 90 within the scope of such physician's license, [(A)] (I) prescribe and
 91 administer drugs, including controlled substances in schedule IV or V
 92 in all settings, [(B)] (II) renew prescriptions for controlled substances in
 93 schedule II, III, IV or V in all settings, [(C)] (III) prescribe and
 94 administer controlled substances in schedule II or III in all settings,
 95 provided in all cases where the physician assistant prescribes a
 96 controlled substance in schedule II or III, the physician under whose
 97 supervision the physician assistant is prescribing shall document such
 98 physician's approval of the order in the patient's medical record [not
 99 later than one calendar day thereafter] in the manner prescribed in the
 100 supervising physician's written protocols, and [(D)] (IV) prescribe and
 101 approve the use of durable medical equipment. The physician assistant
 102 may, as delegated by the supervising physician within the scope of
 103 such physician's license, request, sign for, receive and dispense drugs
 104 to patients, in the form of professional samples, as defined in section
 105 20-14c, or when dispensing in an outpatient clinic as defined in the
 106 regulations of Connecticut state agencies and licensed pursuant to
 107 subsection (a) of section 19a-491 that operates on a not-for-profit basis,
 108 or when dispensing in a clinic operated by a state agency or
 109 municipality. Nothing in this subsection shall be construed to allow
 110 the physician assistant to request, sign for, receive or dispense any
 111 drug the physician assistant is not authorized under this subsection to
 112 prescribe.

This act shall take effect as follows and shall amend the following sections:

Section 1	<i>October 1, 2012</i>	20-12a(7)
Sec. 2	<i>October 1, 2012</i>	20-12d(a)

Statement of Purpose:

To describe the written protocols that a supervising physician shall provide to a physician assistant.

[Proposed deletions are enclosed in brackets. Proposed additions are indicated by underline, except that when the entire text of a bill or resolution or a section of a bill or resolution is new, it is not underlined.]